⊕EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

	REGION	SITE NUMBER (to be as-signed by Hq)
	VI	~~TX 1571~~

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (*Preliminary Assessment*). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET (or other identifier)
WALLACE WASTE CONTAINERS (Mobil)	3312 Laura Koppe

C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
Houston	TX	77016	Harris

G. OWNER/OPERATOR (if known)
1. NAME: Site presently owned by Harfor Boiler Repair Service, and has been owned by them since 1979. Mr. Paul Davis
2. TELEPHONE NUMBER (713)691-6969

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION 5 acre site, which formerly served mobil waste service, and before that, Wallace Waste Containers, as an office site.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)
EPA Region VI TXD 980 864 953	11/20/79

L. PRINCIPAL STATE CONTACT
1. NAME: Mr. Clarence Johnson, TDWR, Deer Park
2. TELEPHONE NUMBER: (713)850-1250

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☒ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED SUPERFUND FILE
    a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED
    a. TENTATIVELY SCHEDULED FOR:

    b. WILL BE PERFORMED BY: JAN 2 8 1993

    b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority) REORGANIZED

C. PREPARER INFORMATION
1. NAME: *Bill Carrothers* — Bill Carrothers
2. TELEPHONE NUMBER: (214)742-6602
3. DATE (mo., day, & yr.): Sept. 23, 1980

III. SITE INFORMATION

A. SITE STATUS   Former office site for waste haulers.

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (those sites which no longer receive wastes.)

☒ 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) SUPERFUND FILE

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):   JAN 2 8 1993

C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES REORGANIZED	
5	1. LATITUDE (deg.-min.-sec.)	2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): Offices and shops for Harfor Boiler Repair Service.

T2070-2 (10-79) Eckhardt List # TX/396/4, ES# 2992   *Continue On Reverse*
Possibly related to List # TX/396/5, ES# 2993/HAZSIT File # TX1589

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN   ☐ 2. LIQUID   ☐ 3. SOLID   ☐ 4. SLUDGE   ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN   ☐ 2. CORROSIVE   ☐ 3. IGNITABLE   ☐ 4. RADIOACTIVE   ☐ 5. HIGHLY VOLATILE

☐ 6. TOXIC   ☐ 7. REACTIVE   ☐ 8. INERT   ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT NONE	AMOUNT NONE	AMOUNT NONE	AMOUNT NONE	AMOUNT NONE	AMOUNT NONE
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

EPA Form T2070-2 (10-79)   PAGE 2 OF 4

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

☐ 1. NPDES PERMIT   ☐ 2. SPCC PLAN   ☐ 3. STATE PERMIT *(specify)*: _____

☐ 4. AIR PERMITS   ☐ 5. LOCAL PERMIT   ☐ 6. RCRA TRANSPORTER

☐ 7. RCRA STORER   ☐ 8. RCRA TREATER   ☐ 9. RCRA DISPOSER

☐ 10. OTHER *(specify)*: _____ NONE _____

B. IN COMPLIANCE?

☐ 1. YES   ☐ 2. NO   ☐ 3. UNKNOWN

4. WITH RESPECT TO *(list regulation name & number)*: _____

VIII. PAST REGULATORY ACTIONS

☐ A. NONE   ☐ B. YES *(summarize below)*

NONE

IX. INSPECTION ACTIVITY *(past or on-going)*

☐ A. NONE   ☐ B. YES *(complete items 1,2,3, & 4 below)*

1. TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
		NONE	

X. REMEDIAL ACTIVITY *(past or on-going)*

☐ A. NONE   ☐ B. YES *(complete items 1, 2, 3, & 4 below)*

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
		NONE	

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment *(Section II)* information on the first page of this form.

EPA Form T2070-2 (10-79)   PAGE 4 OF 4

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

NONE

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

NONE

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

EPA Form T2070-2 (10-79) PAGE 3 OF 4 Continue On Reverse